



2008 – 2009
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Early Childhood (Birth to Age 5)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Early Childhood Special Education Teachers

| | | | |
|----------------------|--|-----------|--|
| Name: | | District: | |
| SSN (last 4 digits): | | School: | |

Please check where applicable:

1. ☐ Holds a bachelor's degree

and

2. ☐ Holds a valid Arizona Early Childhood Special Education Certificate (provisional, reciprocal or standard)

3. Teaching Assignment: Early Childhood Special Education _____
Periods Taught

*If you checked 1 and 2, under federal guidelines, you are considered **highly qualified** to teach in an early childhood special education setting.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**
(Individual Teacher Plan Required)

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date